MOTION TO MODIFY PREVIOUS DECREE/ JUDGMENT/ORDER

(WHEN PARTIES AGREE)

Procedure for Modifying a Previous Decree/ Judgment/Order (When Parties AGREE on Issues)

1. Complete the following forms in the packet:

a. Motion to Modify Previous Decree/Judgment/Order
b. Stipulation for Modification of Previous Decree/Judgment/Order
c. Order of Modification
d. SCRA 1986, Rule 1-099, Certificate

Prepare an original set of documents plus three (3) sets of copies of each form. Staple each document separately. Sort the documents according to title, place the original on top with the stapled copies underneath and paper clip them together. **For example:** Place the original Motion on top with the stapled copies underneath, and paper clip them together. Repeat the procedure for the other forms.

NOTE: If the parties are changing the primary residence for a minor child(ren), a *Child Support Worksheet* must be submitted using the NM Child Support Guidelines for calculation. The worksheet must be signed by both parties.   :

Also, the *Stipulation* and *Order* must be signed by BOTH parties.

2. Submit your documents for filing to the **Domestic Relations Division, Room 240**, Second Floor, of the Bernalillo County Courthouse, located at 400 Lomas Blvd. NW, Albuquerque, New Mexico between the hours of **8:00 A.M. - 4:00 P.M., Monday through Friday**.

A filing fee of **$137.00** is NOT required when both parties stipulate (agree) to the modification(s). Local Court Rules require a completed **SCRA** form attached as the last page to your motion. If the assigned judge has concerns, then a hearing for the Motion and Stipulation may be set. In this instance, a filing fee may be required, and the party filing will be notified by the judge's trial court administrative assistant.

3. Go to the **Family Court Area** and submit the *Order of Modification* with copies and ENDORSED copies of the *Motion* and *Stipulation,* and a *Child Support Worksheet* (if applicable), informing the Clerk of the name of the judge assigned to the case.   :

4. Return to the **Family Court Area** in five working days to pick up your *Order of Modification* and other documents. If the Order has been signed, return to **Domestic Relations Division** to file the original *Order of Modification* and the clerk will endorse the copies. At this time, the filing procedure will be complete.

SECOND JUDICIAL DISTRICT COURT
COUNTY OF BERNALILLO
STATE OF NEW MEXICO

CAUSE NO._____

_____
　　　　　　　　Petitioner,

vs.

_____
　　　　　　　　Respondent.

MOTION TO MODIFY PREVIOUS DECREE/JUDGMENT/ORDER

_____, who was the _____ (Petitioner or Respondent) in the

previous proceeding, appearing pro se, requests the Court to consider the following modification:

　　1. DECREE/JUDGMENT/ORDER TO BE MODIFIED:

　　　　A.　Name of document:

　　　　B.　Date previous document filed in Court:

　　　　C.　Judge who signed previous document:

　　2. CHANGE OR MODIFICATION REQUESTED:

　　　　A.　The present ages of our children are:

　　　　B.　On page number _ of the previous document there was an order that provided:

C. I would like to have that provision changed so that the new order will provide:

D. I believe that the change is necessary in order to provide for the best interests of any children affected because:

E. __I have changes to propose that did not fit into the space provided. Please also read the Supplemental Information page which is attached.

3. COMMUNICATION WITH OTHER PARTY: (Complete A or B)

A. I have discussed this modification or change with the other party. The other party has:

1. __ Agreed to the change. We have signed the Stipulation for Modification and completed a proposed Order of Modification, and file them with this Motion;

OR   2. __ Agreed to part of the requested changed and did not agree to part.

                       2a. We have agreed about:

                       2b. We cannot agree about:

OR   3. __ Not agreed with my proposed change.

        B. I have not discussed the proposed change with the other party because:

4. REQUEST FOR ACTION: (check A or B)

        A. ___ We have agreed to the changes requested as shown on the Stipulation for Modification and the Order of Modification which is submitted with this Motion. We request that the Judge sign the Order of Modification.

        OR   B. __ We have not been able to Stipulate to the requested change and need to have a hearing time scheduled. I therefore ask that a time for hearing be set and that the other party be notified of the fact this Motion is pending and the time set for hearing the Motion. I submit a Request for Hearing and Notice of Hearing with this Motion, and stamped and addressed envelopes for mailing to myself and the other party.

SUPPLEMENTAL INFORMATION

This sheet is a Supplement to the Motion to Modify Previous Decree/Judgment/Order.

Supplement to paragraph___ subparagraph___ on page___.

Respectfully submitted,

Signature:_____

Capacity:__Petitioner__Respondent pro se

Print Name:_____

Address:_____

_____

Mailing address if different:

_____

Telephone:_____

Copy of this Request__mailed
__hand-delivered on the _____
day of_____,20__
to:

Name:_____

Capacity:__Petitioner__Respondent pro se

Address:_____

_____

Mailing address if different:

_____

Telephone:_____

State of New Mexico
County of _____
_____ Judicial District Court

DM_____

_____
Petitioner.

vs.

_____
Respondent.

RULE 1-099 NMRA. CERTIFICATE

COMES NOW _____, and hereby certifies pursuant to Rule 1-099 NMRA, and Second Judicial District Local Rules, Rule LR2-132, that no Rule 1-099 NMRA fee is required because:

( )   this case is pending.

( )   the attached pleading, motion or other paper is filed within ninety (90) days after the last disposition; the last action taken this case was _____; a judgment or decree was filed _____, _____.

( )   the attached pleading, motion or other paper is requesting action which may be performed by the clerk pursuant to these rules -or- seeking to correct a mistake in the judgment, decree or record, filed on _____, _____ -or- a motion accompanied by signed stipulated order disposing of the issue(s) raised by the motion.

( )   the attached pleading, motion or other paper is seeking only enforcement of a child support order filed on _____, _____.

Submitted By: _____
Signature

_____
Print name
( ) Petitioner or ( ) Respondent Pro Se

Mailing Address: _____
City: _____
State/Zip Code: _____
Phone Number: _____

I certify that I have ( ) mailed, ( ) faxed, and/or
( ) delivered personally a copy of this pleading to
opposing counsel/party on this ____ day of _____, 20____ .

Rev.August.2010

SECOND JUDICIAL DISTRICT COURT
COUNTY OF BERNALILLO
STATE OF NEW MEXICO

CAUSE NO._____

_____
                                    Petitioner,

vs.

_____
                                    Respondent.

STIPULATION FOR MODIFICATION OF DECREE/JUDGMENT/ORDER

_____ who is the Petitioner in this matter, and

_____, the Respondent, both appearing pro se,

have agreed to Modify a previous Decree, Judgment, or Order, as follows:

1. Name of document to be modified:

2. Date document was filed in Court:

3. Judge who signed previous document:

4. Provision of previous document which needs to be

changed:

5. Modification we have agreed upon:

The parties state that any modification which affects their child(ren) is in the best interests of the child(ren).

WHEREFORE, the parties having stipulated to a modification of a previous Order of this Court, we request that the Court enter its Order in accordance with this Stipulation.

Petitioner:

_____
Signature

Name:_____

Mailing address:_____

_____

Telephone Number:_____

Respondent:

_____
Signature

Name:_____

Mailing address:_____

_____

Telephone Number: _____

_____   _____
[Petitioner's Signature]   [Respondent's Signature]

_____   _____
[Petitioner's Printed Name]   [Respondent's Printed Name]

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20___, by _____.

My Commission Expires:

_____
                                     _____
                                     Notary Public

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20___, by _____.

My Commission Expires:

_____
                                     _____
                                     Notary Public

SECOND JUDICIAL DISTRICT COURT
COUNTY OF BERNALILLO
STATE OF NEW MEXICO

CAUSE NO. _____

_____

                    Petitioner,

vs.

_____

                    Respondent.

ORDER OF MODIFICATION

THE COURT having reviewed the stipulation of the parties and good cause appearing

therefore, it is ORDERED that the _____ entered on

the _____ day of _____ , 20 ____ , is hereby modified as follows:

\
\
\

                                        _____
                                                  DISTRICT JUDGE

APPROVED:

_____

Petitioner, Pro Se

_____

Respondent, Pro Se

N. M. S. A. 1978, § **40-4-11.1**

Chapter 40. Domestic Affairs
 Article 4. Dissolution of Marriage
  ⇒§ **40-4-11.1. Child support; guidelines**

A. In any action to establish or modify child support, the child support guidelines as set forth in this section shall be applied to determine the child support due and shall be a rebuttable presumption for the amount of such child support. Every decree or judgment of child support that deviates from the guideline amount shall contain a statement of the reasons for the deviation.

B. The purposes of the child support guidelines are to:

(1) establish as state policy an adequate standard of support for children, subject to the ability of parents to pay;

(2) make awards more equitable by ensuring more consistent treatment of persons in similar circumstances; and

(3) improve the efficiency of the court process by promoting settlements and giving courts and the parties guidance in establishing levels of awards.

C. For purposes of the guidelines specified in this section:

(1) "income" means actual gross income of a parent if employed to full capacity or potential income if unemployed or underemployed. Income need not be imputed to the primary custodial parent actively caring for a child of the parties who is under the age of six or disabled. If income is imputed, a reasonable child care expense may be imputed. The gross income of a parent means only the income and earnings of that parent and not the income of subsequent spouses, notwithstanding the community nature of both incomes after remarriage; and

(2) "gross income" includes income from any source and includes but is not limited to income from salaries, wages, tips, commissions, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, significant in-kind benefits that reduce personal living expenses, prizes and alimony or maintenance received, provided:

(a) "gross income" shall not include benefits received from means-tested public assistance programs or child support received by a parent for the support of other children;

(b) for income from self-employment, rent, royalties, proprietorship of a business or joint ownership of a partnership or closely held corporation, "gross income" means gross receipts minus ordinary and necessary expenses required to produce such income, but ordinary and necessary expenses do not include expenses determined by the court to be inappropriate for purposes of calculating child support;

(c) "gross income" shall not include the amount of alimony payments actually paid in compliance with a court order;

(d) "gross income" shall not include the amount of child support actually paid by a parent in compliance with a court order for the support of prior children; and

(e) "gross income" shall not include a reasonable amount for a parent's obligation to support prior children who are in that parent's custody. A duty to support subsequent children is not ordinarily a basis for reducing support owed to children of the parties but may be a defense to a child support increase for the children of the parties. In raising such a defense, a party may use Table A as set

K. BASIC CHILD SUPPORT SCHEDULE.--

BASIC CHILD SUPPORT SCHEDULE

Both parents' Combined Gross Monthly Income	Number of children					
	1	2	3	4	5	6
800	100	150	150	150	150	150
850	114	150	150	150	150	150
900	140	154	155	156	158	159
950	165	179	181	183	184	186
1,000	180	205	207	209	211	212
1,050	186	230	233	235	237	239
1,100	196	256	258	261	263	265
1,150	212	282	285	288	291	294
1,200	228	311	320	323	327	330
1,250	243	329	355	358	362	366
1,300	258	347	389	394	398	402
1,350	273	365	418	429	433	438
1,400	282	383	438	464	469	474
1,450	291	400	457	496	504	509
1,500	299	418	476	516	538	544
1,550	307	435	495	536	572	578
1,600	316	452	513	556	594	613
1,650	324	469	532	576	615	648
1,700	332	482	551	596	636	672
1,750	341	494	570	616	657	694
1,800	349	506	588	636	678	716
1,850	357	518	607	656	699	738
1,900	366	530	624	676	720	760
1,950	374	542	638	696	741	782
2,000	382	553	652	715	762	804
2,050	390	565	666	735	783	826
2,100	399	577	680	751	804	848
2,150	407	589	694	766	824	869
2,200	415	601	708	782	845	891
2,250	423	613	721	797	866	913
2,300	431	625	735	813	885	935
2,350	440	637	749	828	902	957
2,400	448	648	763	843	919	978
2,450	453	656	772	853	930	994
2,500	458	664	781	863	940	1,009
2,550	463	671	790	873	951	1,022
2,600	469	678	799	882	961	1,033
2,650	474	686	807	892	972	1,045
2,700	479	693	816	902	982	1,056
2,750	484	701	825	911	993	1,067
2,800	489	708	833	921	1,003	1,079
2,850	494	715	842	930	1,014	1,090
2,900	499	722	850	939	1,023	1,100
2,950	503	728	857	946	1,031	1,109
3,000	507	734	863	954	1,040	1,118
3,050	511	740	870	962	1,048	1,127
3,100	515	746	877	969	1,056	1,136
3,150	519	751	883	976	1,063	1,143
3,200	522	755	888	981	1,069	1,149

6,150	752	1,079	1,260	1,392	1,516	1,630
6,200	756	1,085	1,267	1,400	1,525	1,639
6,250	760	1,091	1,274	1,407	1,533	1,648
6,300	764	1,097	1,281	1,415	1,541	1,657
6,350	768	1,103	1,288	1,423	1,550	1,666
6,400	772	1,109	1,294	1,430	1,558	1,674
6,450	776	1,114	1,301	1,438	1,566	1,683
6,500	781	1,120	1,308	1,446	1,575	1,692
6,550	785	1,127	1,316	1,454	1,583	1,702
6,600	789	1,133	1,323	1,462	1,592	1,711
6,650	793	1,139	1,330	1,470	1,601	1,720
6,700	798	1,145	1,337	1,478	1,609	1,730
6,750	802	1,151	1,345	1,486	1,618	1,739
6,800	806	1,157	1,352	1,494	1,627	1,748
6,850	810	1,163	1,359	1,502	1,635	1,758
6,900	815	1,170	1,366	1,510	1,644	1,767
6,950	819	1,176	1,373	1,518	1,653	1,776
7,000	823	1,182	1,381	1,526	1,661	1,786
7,050	827	1,188	1,388	1,533	1,670	1,795
7,100	832	1,194	1,395	1,541	1,679	1,804
7,150	835	1,200	1,401	1,548	1,686	1,812
7,200	839	1,205	1,407	1,555	1,694	1,820
7,250	842	1,210	1,414	1,562	1,701	1,828
7,300	846	1,215	1,420	1,569	1,708	1,836
7,350	850	1,220	1,426	1,575	1,716	1,843
7,400	853	1,225	1,432	1,582	1,723	1,851
7,450	857	1,231	1,438	1,589	1,730	1,859
7,500	860	1,236	1,444	1,596	1,738	1,867
7,550	864	1,241	1,450	1,602	1,745	1,875
7,600	867	1,246	1,456	1,609	1,752	1,883
7,650	871	1,251	1,462	1,616	1,760	1,891
7,700	875	1,256	1,468	1,623	1,767	1,899
7,750	878	1,262	1,474	1,629	1,774	1,906
7,800	882	1,267	1,481	1,636	1,782	1,914
7,850	885	1,272	1,487	1,643	1,789	1,922
7,900	889	1,277	1,493	1,650	1,796	1,930
7,950	893	1,282	1,499	1,656	1,804	1,938
8,000	896	1,287	1,505	1,663	1,811	1,946
8,050	898	1,297	1,511	1,672	1,824	1,949
8,100	900	1,304	1,520	1,681	1,834	1,959
8,150	902	1,311	1,528	1,690	1,844	1,970
8,200	907	1,318	1,537	1,700	1,854	1,981
8,250	912	1,326	1,545	1,709	1,864	1,992
8,300	917	1,333	1,553	1,718	1,874	2,002
8,350	922	1,340	1,562	1,727	1,884	2,013
8,400	927	1,347	1,570	1,736	1,894	2,024
8,450	931	1,354	1,578	1,746	1,904	2,034
8,500	936	1,361	1,587	1,755	1,914	2,045
8,550	941	1,368	1,595	1,764	1,924	2,056
8,600	946	1,375	1,603	1,773	1,934	2,066
8,650	951	1,383	1,611	1,782	1,944	2,077
8,700	956	1,390	1,620	1,792	1,954	2,088
8,750	961	1,397	1,628	1,801	1,964	2,098
8,800	966	1,404	1,636	1,810	1,974	2,109
8,850	971	1,411	1,645	1,819	1,984	2,120
8,900	975	1,418	1,653	1,828	1,994	2,131
8,950	980	1,425	1,661	1,838	2,004	2,141
9,000	985	1,433	1,670	1,847	2,014	2,152

11,950	1,273	1,852	2,158	2,387	2,603	2,779
12,000	1,278	1,859	2,166	2,396	2,613	2,790
12,050	1,283	1,866	2,175	2,405	2,623	2,800
12,100	1,288	1,873	2,183	2,414	2,633	2,811
12,150	1,293	1,880	2,191	2,424	2,642	2,821
12,200	1,298	1,887	2,199	2,433	2,652	2,832
12,250	1,303	1,894	2,208	2,442	2,662	2,842
12,300	1,307	1,901	2,216	2,451	2,672	2,853
12,350	1,312	1,908	2,224	2,460	2,682	2,864
12,400	1,317	1,915	2,232	2,469	2,692	2,874
12,450	1,322	1,923	2,240	2,478	2,702	2,885
12,500	1,327	1,930	2,249	2,487	2,712	2,895
12,550	1,332	1,937	2,257	2,496	2,722	2,906
12,600	1,337	1,944	2,265	2,505	2,732	2,916
12,650	1,342	1,951	2,273	2,514	2,741	2,927
12,700	1,346	1,958	2,281	2,523	2,751	2,937
12,750	1,351	1,965	2,290	2,533	2,761	2,948
12,800	1,356	1,972	2,298	2,542	2,771	2,958
12,850	1,361	1,979	2,306	2,551	2,781	2,969
12,900	1,366	1,986	2,314	2,560	2,791	2,980
12,950	1,371	1,993	2,323	2,569	2,801	2,990
13,000	1,376	2,000	2,331	2,578	2,811	3,001
13,050	1,380	2,007	2,339	2,587	2,821	3,011
13,100	1,385	2,014	2,347	2,596	2,830	3,022
13,150	1,390	2,022	2,355	2,605	2,840	3,032
13,200	1,395	2,029	2,364	2,614	2,850	3,043
13,250	1,400	2,036	2,372	2,623	2,860	3,053
13,300	1,405	2,043	2,380	2,632	2,870	3,064
13,350	1,410	2,050	2,388	2,642	2,880	3,074
13,400	1,415	2,057	2,396	2,651	2,890	3,085
13,450	1,419	2,064	2,405	2,660	2,900	3,096
13,500	1,424	2,071	2,413	2,669	2,910	3,106
13,550	1,429	2,078	2,421	2,678	2,920	3,117
13,600	1,434	2,085	2,429	2,687	2,929	3,127
13,650	1,439	2,092	2,437	2,696	2,939	3,138
13,700	1,444	2,099	2,446	2,705	2,949	3,148
13,750	1,449	2,106	2,454	2,714	2,959	3,159
13,800	1,454	2,113	2,462	2,723	2,969	3,169
13,850	1,458	2,120	2,470	2,732	2,979	3,180
13,900	1,463	2,128	2,479	2,742	2,989	3,190
13,950	1,468	2,135	2,487	2,750	2,999	3,201
14,000	1,472	2,141	2,494	2,759	3,007	3,210
14,050	1,477	2,147	2,501	2,767	3,016	3,219
14,100	1,481	2,153	2,509	2,775	3,025	3,229
14,150	1,486	2,160	2,516	2,783	3,034	3,238
14,200	1,490	2,166	2,523	2,791	3,042	3,247
14,250	1,494	2,172	2,530	2,799	3,051	3,257
14,300	1,499	2,179	2,538	2,807	3,060	3,266
14,350	1,503	2,185	2,545	2,815	3,069	3,275
14,400	1,507	2,191	2,552	2,823	3,077	3,285
14,450	1,512	2,198	2,560	2,831	3,086	3,294
14,500	1,516	2,204	2,567	2,839	3,095	3,303
14,550	1,520	2,210	2,574	2,847	3,104	3,313
14,600	1,525	2,217	2,581	2,855	3,112	3,322
14,650	1,529	2,223	2,589	2,863	3,121	3,331
14,700	1,534	2,229	2,596	2,871	3,130	3,340
14,750	1,538	2,235	2,603	2,879	3,139	3,350
14,800	1,542	2,242	2,610	2,887	3,147	3,359

17,750	1,802	2,618	3,046	3,370	3,672	3,917
17,800	1,807	2,625	3,054	3,379	3,682	3,927
17,850	1,812	2,632	3,063	3,388	3,691	3,937
17,900	1,817	2,639	3,071	3,397	3,701	3,948
17,950	1,822	2,646	3,079	3,406	3,711	3,958
18,000	1,826	2,653	3,087	3,415	3,721	3,969
18,050	1,831	2,660	3,095	3,424	3,731	3,979
18,100	1,836	2,667	3,103	3,433	3,740	3,990
18,150	1,841	2,674	3,111	3,442	3,750	4,000
18,200	1,845	2,681	3,120	3,451	3,760	4,010
18,250	1,850	2,688	3,128	3,460	3,770	4,021
18,300	1,855	2,695	3,136	3,469	3,780	4,031
18,350	1,860	2,702	3,144	3,478	3,789	4,042
18,400	1,865	2,709	3,152	3,487	3,799	4,052
18,450	1,869	2,716	3,160	3,496	3,809	4,063
18,500	1,874	2,723	3,168	3,505	3,819	4,073
18,550	1,879	2,730	3,177	3,514	3,829	4,084
18,600	1,884	2,737	3,185	3,523	3,838	4,094
18,650	1,889	2,744	3,193	3,532	3,848	4,104
18,700	1,893	2,751	3,201	3,541	3,858	4,115
18,750	1,898	2,758	3,209	3,550	3,868	4,125
18,800	1,903	2,765	3,217	3,559	3,878	4,136
18,850	1,908	2,772	3,225	3,568	3,887	4,146
18,900	1,912	2,779	3,233	3,577	3,897	4,157
18,950	1,917	2,786	3,242	3,586	3,907	4,167
19,000	1,922	2,793	3,250	3,595	3,917	4,178
19,050	1,927	2,800	3,258	3,604	3,927	4,188
19,100	1,932	2,807	3,266	3,613	3,936	4,198
19,150	1,936	2,814	3,274	3,622	3,946	4,209
19,200	1,941	2,821	3,282	3,631	3,956	4,219
19,250	1,946	2,828	3,290	3,640	3,966	4,230
19,300	1,951	2,835	3,299	3,649	3,976	4,240
19,350	1,956	2,842	3,307	3,658	3,985	4,251
19,400	1,960	2,849	3,315	3,667	3,995	4,261
19,450	1,965	2,856	3,323	3,676	4,005	4,271
19,500	1,970	2,863	3,331	3,685	4,015	4,282
19,550	1,975	2,869	3,339	3,694	4,025	4,292
19,600	1,979	2,876	3,347	3,703	4,034	4,303
19,650	1,984	2,883	3,355	3,712	4,044	4,313
19,700	1,989	2,890	3,364	3,721	4,054	4,324
19,750	1,994	2,897	3,372	3,730	4,064	4,334
19,800	1,999	2,904	3,380	3,739	4,074	4,345
19,850	2,003	2,911	3,388	3,748	4,083	4,355
19,900	2,008	2,918	3,396	3,757	4,093	4,365
19,950	2,013	2,925	3,404	3,766	4,103	4,376
20,000	2,018	2,932	3,412	3,775	4,113	4,386
20,050	2,023	2,939	3,421	3,784	4,123	4,397
20,100	2,027	2,946	3,429	3,793	4,132	4,407
20,150	2,032	2,953	3,437	3,802	4,142	4,418
20,200	2,037	2,960	3,445	3,811	4,152	4,428
20,250	2,042	2,967	3,453	3,820	4,162	4,439
20,300	2,046	2,974	3,461	3,829	4,172	4,449
20,350	2,051	2,981	3,469	3,838	4,181	4,459
20,400	2,056	2,988	3,478	3,847	4,191	4,470
20,450	2,061	2,995	3,486	3,856	4,201	4,480
20,500	2,066	3,002	3,494	3,865	4,211	4,491
20,550	2,070	3,009	3,502	3,874	4,221	4,501
20,600	2,075	3,016	3,510	3,883	4,230	4,512

23,550	2,357	3,427	3,990	4,414	4,808	5,128
23,600	2,362	3,434	3,998	4,423	4,818	5,138
23,650	2,367	3,441	4,006	4,432	4,828	5,148
23,700	2,372	3,448	4,014	4,441	4,838	5,159
23,750	2,377	3,455	4,023	4,450	4,848	5,169
23,800	2,381	3,462	4,031	4,459	4,857	5,180
23,850	2,386	3,469	4,039	4,468	4,867	5,190
23,900	2,391	3,476	4,047	4,477	4,877	5,201
23,950	2,396	3,483	4,055	4,486	4,887	5,211
24,000	2,401	3,490	4,063	4,495	4,897	5,222
24,050	2,405	3,497	4,071	4,504	4,906	5,232
24,100	2,410	3,504	4,080	4,513	4,916	5,242
24,150	2,415	3,511	4,088	4,522	4,926	5,253
24,200	2,420	3,518	4,096	4,531	4,936	5,263
24,250	2,424	3,525	4,104	4,540	4,946	5,274
24,300	2,429	3,532	4,112	4,549	4,955	5,284
24,350	2,434	3,539	4,120	4,558	4,965	5,295
24,400	2,439	3,546	4,128	4,567	4,975	5,305
24,450	2,444	3,553	4,136	4,576	4,985	5,316
24,500	2,448	3,560	4,145	4,585	4,995	5,326
24,550	2,453	3,567	4,153	4,594	5,004	5,336
24,600	2,458	3,574	4,161	4,603	5,014	5,347
24,650	2,463	3,581	4,169	4,612	5,024	5,357
24,700	2,468	3,588	4,177	4,621	5,034	5,368
24,750	2,472	3,595	4,185	4,630	5,044	5,378
24,800	2,477	3,602	4,193	4,639	5,053	5,389
24,850	2,482	3,609	4,202	4,648	5,063	5,399
24,900	2,487	3,616	4,210	4,657	5,073	5,410
24,950	2,491	3,623	4,218	4,666	5,083	5,420
25,000	2,496	3,630	4,226	4,675	5,093	5,430
25,050	2,501	3,637	4,234	4,684	5,102	5,441
25,100	2,506	3,644	4,242	4,693	5,112	5,451
25,150	2,511	3,651	4,250	4,702	5,122	5,462
25,200	2,515	3,658	4,259	4,711	5,132	5,472
25,250	2,520	3,665	4,267	4,720	5,142	5,483
25,300	2,525	3,672	4,275	4,729	5,151	5,493
25,350	2,530	3,679	4,283	4,738	5,161	5,503
25,400	2,535	3,686	4,291	4,747	5,171	5,514
25,450	2,539	3,692	4,299	4,756	5,181	5,524
25,500	2,544	3,699	4,307	4,765	5,191	5,535
25,550	2,549	3,706	4,315	4,774	5,200	5,545
25,600	2,554	3,713	4,324	4,783	5,210	5,556
25,650	2,558	3,720	4,332	4,792	5,220	5,566
25,700	2,563	3,727	4,340	4,801	5,230	5,577
25,750	2,568	3,734	4,348	4,810	5,240	5,587
25,800	2,573	3,741	4,356	4,819	5,249	5,597
25,850	2,578	3,748	4,364	4,828	5,259	5,608
25,900	2,582	3,755	4,372	4,837	5,269	5,618
25,950	2,587	3,762	4,381	4,846	5,279	5,629
26,000	2,592	3,769	4,389	4,855	5,289	5,639
26,050	2,597	3,776	4,397	4,864	5,298	5,650
26,100	2,602	3,783	4,405	4,873	5,308	5,660
26,150	2,606	3,790	4,413	4,882	5,318	5,671
26,200	2,611	3,797	4,421	4,891	5,328	5,681
26,250	2,616	3,804	4,429	4,900	5,338	5,691
26,300	2,621	3,811	4,437	4,909	5,347	5,702
26,350	2,625	3,818	4,446	4,918	5,357	5,712
26,400	2,630	3,825	4,454	4,927	5,367	5,723

29,350	2,913	4,237	4,934	5,458	5,945	6,339
29,400	2,917	4,243	4,942	5,467	5,955	6,349
29,450	2,922	4,250	4,950	5,476	5,965	6,360
29,500	2,927	4,257	4,958	5,485	5,975	6,370
29,550	2,932	4,264	4,966	5,494	5,984	6,380
29,600	2,937	4,271	4,974	5,503	5,994	6,391
29,650	2,941	4,278	4,983	5,512	6,004	6,401
29,700	2,946	4,285	4,991	5,521	6,014	6,412
29,750	2,951	4,292	4,999	5,530	6,024	6,422
29,800	2,956	4,299	5,007	5,539	6,033	6,433
29,850	2,960	4,306	5,015	5,548	6,043	6,443
29,900	2,965	4,313	5,023	5,556	6,053	6,454
29,950	2,970	4,320	5,031	5,565	6,063	6,464
30,000	2,975	4,327	5,039	5,574	6,072	6,474

WORKSHEET A--BASIC VISITATION

_____ JUDICIAL DISTRICT COURT

COUNTY OF

_____

STATE OF NEW MEXICO

NO. _____

_____,

Petitioner,

vs.

_____,

Respondent.

MONTHLY CHILD SUPPORT OBLIGATION

		Custodial Parent	Other Parent	Combined
1.	Gross Monthly Income	$ _____ +	$ _____ =	$ _____
2.	Percentage of Combined Income (Each parent's income divided by combined income)	_____ +	_____ =	100
3.	Number of Children	_____		
4.	Basic Support from Schedule (Use combined income from Line 1)			= _____
5.	Children's Health and Dental Insurance Premium	_____ +	_____ =	_____
6.	Work-Related Child Care	_____ +	_____ =	_____
7.	Additional Expenses	_____ +	_____ =	_____
8.	Total Support (Add Lines 5, 6 and 7 for each parent and Lines 4, 5, 6 and 7 for combined column)	_____ +	_____ =	_____
9.	Each Parent's Obligation (Combined Column Line 8 x each parent's Line 2)	_____	_____	
10.	Enter amount for each parent from Line 8	- _____	- _____	
11.	Each Parent's Net Obligation (Subtract Line 10 from Line 9 for each parent).	_____	_____	Other Parent pays Custodial Parent this Amount

_____ PAYS   EACH MONTH $

_____

Line 10. Total Support:

Enter the total amount shown for each parent on Line 8 beside the "minus" marks on Line 10.

Line 11. Each Parent's Net Obligation:

For each parent, subtract the amount on Line 10 from the amount on Line 9. Enter the difference for each parent in that parent's column on Line 11. The amount in the box "other parent" is what that parent pays to the custodial parent each month. Do not subtract the amount on the custodial parent's Line 11 from the amount in the other parent's box. The custodial parent is presumed to use the amount in that parent's column on Line 11 for the children.

WORKSHEET B--SHARED RESPONSIBILITY

_____ JUDICIAL DISTRICT COURT

COUNTY OF

_____

STATE OF NEW MEXICO

NO. _____

_____,

Petitioner,

vs.

_____,

Respondent.

MONTHLY CHILD SUPPORT OBLIGATION

		Mother		Father		Combined
Part 1--Basic Support:						
1.	Gross Monthly Income	$ _____	+	$ _____	=	$ _____
2.	Percentage of Combined Income (Each parent's income divided by combined income)	_____	+	_____	=	100
3.	Number of Children	_____				
4.	Basic Support from Schedule (Use combined income from Line 1)				=	_____
5.	Shared Responsibility Basic Obligation (Line 4 x 1.5)				=	_____
6.	Each Parent's Share (Line 5 x each parent's Line 2)	_____		_____		
7.	Number of 24-Hour Days with Each Parent (must total 365)	_____	+	_____	=	365
8.	Percentage with Each Parent (Line 7 divided by 365)	_____%	+	_____	=	100
9.	Amount Retained (Line 6 x Line 8 for Each Parent)	_____		_____		
10.	Each Parent's Basic Obligation (subtract Line 9 from Line 6)	_____		_____		
11.	Amount Transferred (subtract smaller amount on Line 10 from larger amount on Line 10.) Parent with larger amount on Line 10 pays other parent the difference.					_____
Part 2--Additional Payments:						
12.	Children's Health and Dental Insurance Premium	_____	+	_____	=	_____
13.	Work-Related Child Care	_____	+	_____	=	_____

Line 7. Each Parent's Time of Care for Children:

Enter the number of twenty-four-hour days of responsibility that each parent has each child in a year according to the parenting plan.

Line 8. Percentage of Twenty-Four-Hour Days With Each Parent:

Divide each parent's number of twenty-four-hour days (Line 7) by three hundred sixty-five to obtain a percentage.

Line 9. Amount Retained:

Under shared responsibility arrangements, each parent retains the percentage of the basic support obligation equal to the number of twenty-four-hour days of responsibility spent by each child with each respective parent divided by three hundred sixty-five. Multiply each parent's share of basic support (Line 6) by the percentage in that parent's Line 8 and enter the result on that parent's Line 9. This is the amount that each parent retains to pay the children's expenses during that parent's periods of responsibility.

Line 10. Each Parent's Basic Obligation:

Subtract the amount retained by each parent for direct expenses (Line 9) from that parent's share (Line 6) and enter the difference on that parent's Line 10.

Line 11. Amount Transferred for Basic Support:

In shared responsibility situations, both parents are entitled not only to retain money for direct expenses but also to receive contributions from the other parent toward those expenses. Therefore, subtract the smaller amount on Line 10 from the larger amount on Line 10 to arrive at a net amount transferred for basic support.

Part 2--Additional Payments:

Line 12. Children's Health and Dental Insurance Premium:

Enter the cost paid by a parent for covering these children with medical and dental insurance under that parent's column on Line 12. Add costs paid by each parent and enter under the combined column on Line 12.

Line 13. Work-Related Child Care:

Enter the cost paid by each parent for work-related child care. If the cost varies (for example, between school year and summer), take the total yearly cost and divide by twelve. Enter each parent's figure in that parent's column on Line 13. Add the cost for both parents and enter in combined column on Line 13.

Line 14. Additional Expenses:

Enter the cost paid by each parent for additional expenses provided by Subsection I of this section on Line 14.

Line 15. Total Additional Payments:

For each parent, total the amount paid by that parent for insurance, child care and additional expenses (Lines 12, 13 and 14). Enter the total in that parent's column on Line 15 and the total of both parents' expenses under the combined column on Line 15.

Line 16. Each Parent's Obligation:

_____ JUDICIAL DISTRICT COURT
COUNTY OF _____
STATE OF NEW MEXICO

NO. _____

_____,
                  Petitioner,

vs.

_____,
                  Respondent.

MONTHLY CHILD SUPPORT OBLIGATION

		Custodial Parent		Other Parent		Combined
1.	Gross Monthly Income	$_____	+	$_____	=	$_____
2.	Percentage of Combined Income (Each parent's income divided by combined income)	_____%	+	_____%	=	100%
3.	Number of Children _____					
4.	Basic Support from Schedule (Use combined income from Line 1)				=	_____
5.	Children's Health and Dental Insurance Premium	_____	+	_____	=	_____
6.	Work-Related Child Care	_____	+	_____	=	_____
7.	Additional Expenses	_____	+	_____	=	_____
8.	Total Support (Add Lines 4,5,6 and 7 for each parent and for combined column)	_____	+	_____	=	_____
9.	Each Parent's Obligation (Combined Column Line 8 X each parent's Line 2)	_____		_____		
10.	Enter amount for each parent from Line 8	-_____		-_____		
11.	Each parent's net obligation (Subtract Line 10 from Line 9 for each parent)	_____		_____		Other Parent pays Custodial Parent this Amount

_____PAYS_____EACH MONTH $_____

_____   _____
Petitioner's Signature   Respondent's Signature

Date: _____

_____ JUDICIAL DISTRICT COURT
COUNTY OF _____
STATE OF NEW MEXICO

NO. _____

_____,
Petitioner,

vs.

_____,
Respondent.

MONTHLY CHILD SUPPORT OBLIGATION

	Mother	Father	Combined
Part 1 - Basic Support:	$_____	$_____	$_____
1. Gross Monthly Income			

2. Percentage of Combined Income (Each parent's income divided by combined income)   _____ % + _____ % = 100%

3. Number of Children _____

4. Basic Support from Schedule (Use combined income from Line 1)   = _____

5. Shared Responsibility Basic Obligation (Line 4 X 1.5)   _____

6. Each Parent's Share (Line 5 X each parent's Line 2)   _____   _____

7. Number of 24 hour days with each parent (must total 365)   _____ + _____   _____

8. Percentage with each parent (Line 7 divided by 365)   _____ % + _____ % = 100%

9. Amount retained (Line 6 X Line 8 for each parent)   _____   _____

10. Each Parent's Obligation (subtract Line 9 from Line 6)   _____   _____

11. Amount Transferred (subtract smaller amount on Line 10 from larger amount on Line 10.) Parent with larger amount on Line 10 pays other parent the difference   _____

PART 2 - ADDITIONAL PAYMENTS:

12. Children's Health and Dental
    Insurance Premium   _____ + _____ = _____

13. Work-Related Child Care   _____ + _____ = _____

14. Additional Expenses   _____ + _____ = _____

15. Total Additional Payments (Add
    Lines 12,13 and 14 for each parent
    and for combined column)   _____ + _____ = _____

16. Each Parent's Obligation (Combined
    Column Line 15 X each parent's
    Line 2)   _____   _____

17. Amount transferred (Subtract
    each parent's Line 16 from his Line
    15). Parent with "minus" figure pays
    that amount to other parent   _____   _____

PART 3 - NET AMOUNT TRANSFERRED:

18. Combine Lines 11 and 17 by addition if same parent
    pays on both lines, otherwise by subtraction   _____

_____PAYS_____EACH MONTH $_____

_____   _____
Petitioner's Signature   Respondent's Signature

Date:_____